

Young People's Substance Use Screening Form

Name..... D.O.B.....

Ethnicity..... Gender.....

Address

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Telephone

(To be completed by the young person)

I agree to complete this form.

The worker has explained to me:

- *about my confidentiality*
- *about how this form will be stored*
- *that they may want to talk to me about different types of support that may be useful for me*

*I agree that the worker can share the information that I talk about with
(please specify)*

parents/carers.....

workers/organisations

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Signed Date

1. Which of the following substances have you used in the last week?

Alcohol.... Cannabis.... Amphetamines..... Ecstasy..... Poppers.....

LSD..... Solvents..... Cocaine..... Others(specify).....

(What, when, how, how much & often, where & who with, substances mixed)

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2. Have you used any of these substances in the month

before then? (What, when, how, how much & often, where & who with, substances mixed)

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3. Have you used any substances before then?

(What, when, how, how much & often, where & who with, substances mixed)

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4. How has your substance use changed since you began using/drinking?

(Frequency, amount used, where and who with, substances mixed)

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5. What do you know about the substances that you use/have used?

(side effects, risks, legal status etc)

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Your drug and alcohol use - What do you think?

6. *(Prompt - Some young people think they drink too much or too often, or that their drinking is getting hard to control and is leading to them taking risks. Other young people feel stressed, unhappy or unable to manage when they are not drinking.*

a.) What do you think about your alcohol use?

b.) What do your friends/family think about your alcohol use?)

a.)

I never worry about my alcohol use
I sometimes worry about my alcohol use
I often worry about my alcohol use

b.)

Other people never worry about my alcohol use
Other people sometimes worry about my alcohol use
Other people often worry about my alcohol use

11. Does your drug use ever cause you to do things that you later regret? *(Prompt – e.g. embarrassing behaviour, sexual activity, conflict, criminal behaviour?)*

Never
Sometimes
Often

(Can you tell me more?)

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12. What are the good things for you, about your drinking/drug use?

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13. What are the less good things for you, about your drinking/drug use?

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14. Would you like any information (leaflets etc) about drugs or alcohol?

Yes Maybe No

15. Would you like to meet with a Drug and Alcohol Worker?

Yes Maybe No

Outcomes *(For completion by worker only)*

No input required by young person

Young person given advice/information only

Discuss with YPDAS only

Refer to YPDAS for assessment
(complete MARS/YPDAS Referral Form)

Completed by

Date.....